CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

LABORATORY NAME AND HAWAII DEPT OF HEALTH STATE LABS DIVISION 2725 WAIMANO HOME RD PEARL CITY, HI 96782-1401

LABORATORY DERECTOR

EDWARD P DESMOND Ph.D.

CLIA ID NUMBER 12D0646259

EFFECTIVE DATE

12/15/2019

EXPIRATION DATE

12/14/2021

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

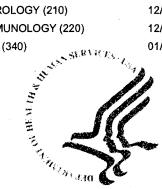


sion of Laboratory Services

Survey and Certification Group Center for Clinical Standards and Quality

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE) EFFECTIVE DATE **BACTERIOLOGY (110)** 12/15/1993 PARASITOLOGY (130) 12/15/1993 VIROLOGY (140) 12/15/1993 SYPHILIS SEROLOGY (210) 12/15/1995 **GENERAL IMMUNOLOGY (220)** 12/15/1993 TOXICOLOGY (340) 01/22/2020



LAB CERTIFICATION (CODE)



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER. PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.